

TUCKER (Jas. I.)

A REMARKABLE CASE OF LARYN-
GEAL ŒDEMA.

BY

JAMES I. TUCKER, A.M., M.D., HARV.

Read before the Chicago Medical Society, February 1st, 1892.

presented by the author

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A REMARKABLE CASE OF LARYNGEAL ŒDEMA.

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During the progress of the prevailing influenza-epidemic it has doubtless fallen to the lot of other physicians as well as myself to be called to witness cases in practice which were so modified or altered in their physiognomy seemingly by epidemic influences, that they had in a measure lost their identity or become almost unrecognizable. We have witnessed especially unmistakable typhoids—typhoids which presented in due time the characteristic rose-spots, without delirium, even without tenderness in the iliac fossæ, pain or diarrhœa, and with remarkable eccentricities of pulse, temperature and respiration.

In two cases which it was my privilege to see with others in consultation, there was a complete absence of symptoms calculated to excite apprehension and a marked deviation from the natural history of typhoid fever, in which alarming symptoms suddenly developed, exhaustive and in one instance fatal intestinal hemorrhage.

Another group of phenomena which have appeared is a pulmonary congestion, which does not advance into inflammation, but develops into pulmonary œdema and often terminates rapidly in death.

The case which I am about to report to this Society to-night, was neither typhoidal nor pneumonitic, but a toxic process so unique in its pathological manifestations, that to fail to report it would be like the violation of a trust.

My patient, Mr. L., was a young man twenty years and nine months old. American by birth. He had reached that critical period, the period of adolescence, more than a lad and not yet a man, when growth is apt to be rapid and there is more or less instability of cell and tissue. He had in fact grown rapidly tall, and though seldom ill, was not rugged. He belonged to a family distinguished more for mental than physical vigor and activity. His occupation was clerk in a banking-house. Yet he was very fond of athletic sports, and like most young people of the present day, carried them to excess. He spent a good deal of time at the natatorium—often remained long in the water—exercised violently on the tennis field, and was passionately devoted to company. He used to sit up late at night and arise with reluctance in the morning, so fatigued was he by mental and physical exertion which was additional to his daily business occupation. This

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was a drain on his vitality at an age when his strength should have been conserved.

His habits were otherwise good; he used no intoxicating drinks; smoked moderately; drank coffee liberally and water in excess. I mention these things because I have learned by experience that circumstances seemingly at the time irrelevant sometimes develop unexpected importance.

For several weeks prior to his final illness he had not been feeling quite well. He had taken cold upon cold and from time to time had suffered from disturbances of digestion and the functions of the liver.

My first visit was made December 24th, 1891. His mother said to me: "Freddy has one of his bilious attacks. He is subject to them. I wish, doctor, you would do something to relieve him." An obstinate constipation had resisted domestic remedies. His abdomen was firm but not tympanitic. He was much nauseated and sought relief every now and then by irritating the fauces with his fingers in order to produce vomiting; but he only succeeded in raising a little tenacious mucus. His complexion was not sallow nor his tongue much coated. Two things excited my apprehension: a tremulousness of his chin, a quivering of the muscles of his cheeks and a peculiar character of his pulse. The latter was irregular. There was a complete lapse of every third beat. But there was no organic disease of the heart or of the arteries. After an effort to vomit his pulse became temporarily regular, but rapid—120 beats to the minute—and suspiciously feeble. It was a pulse that seemed to portend disaster.

I learned that he had returned from the bank the day before, feeling sick. He had suffered from earache, chilliness, feverishness and general malaise. But in the midst of these prodromes there had been no inflammation anywhere except in the middle ear, which when I saw him had ceased to ache, though it afterwards suppurated.

If we omit the peculiarity of the pulse-beat and the tremulousness of the muscles of the face there were no symptoms calculated to excite especial alarm.

A dose of castor oil relieved the constipation. On the following afternoon I saw him a second time. He had been to the water-closet and fainted. Upon returning to bed he had fainted again, but had recovered consciousness when I arrived. His flesh was very hot to the touch. Temperature 105.4° . Pulse, irregular, feeble. Tongue heavily coated white. Urine normal.

December 26th, A. M. Temperature 103° . Pulse fuller, but still irregular as described. Tongue coated. Had had a severe chill. P. M., temperature 104° .

December 27th. A slight chill in the morning aborted by external

heat and wrappings. Temperature 102° . Pulse 120, stronger, but irregular. No tremulousness of the face and chin. Countenance and general aspect decidedly improved. Temperature 102° . Our apprehensions were considerably allayed. P. M., temperature 102° ; pulse, 108. Tongue has become dry and brown. Bowels moved freely—the dejection was of a very light straw color, with a very offensive odor. On taking his wrist to feel his pulse he complained of lameness in the arm of the right side of a rheumatic character. Upon examination the same was found to be true of the left arm and right hip-joint. Furthermore, along the outer aspect of both arms, especially the right, there was a ribbon-like streak of deep crimson hue extending from the shoulder to the wrist. Below the elbow of the right forearm this streak of redness widened, appeared erysipelatoid, and pitted deep upon pressure. It was not tender nor was there a sensation of burning. He complained of no discomfort except upon motion. This peculiar lesion was the first clear indication that I had to deal with a toxæmia of a malignant type; for this was the only rational interpretation. I was fearful that œdema would make its appearance in other regions. I was not mistaken. At midnight his voice became husky. It should be borne in mind, that there had been no inflammation of the throat.

December 28th. Temperature 101.6° ; pulse rapid and feeble. Tongue heavily coated, now white and moist again. Neck beginning to swell. Huskiness of the voice increasing. Respiration becoming difficult. P. M., dyspnoea greatly increased. Pulse, 118; temperature, 101.2° . At this point I called Dr. Frank Billings to see the case with me. At his suggestion potassium-bicarbonate was given in full doses with the hope of discussing the œdema. This failing to effect the purpose and the difficulty of breathing becoming alarming it was evident to us both that intubation or tracheotomy was necessary. We sent for Dr. F. E. Waxham. A careful examination was then made of the larynx and the mirror revealed the following: The mucous membrane of the larynx appeared inflamed and œdematous especially at the glottis. The epiglottis and ventricular bands were increased in redness, but there was little swelling of these parts—the obstruction of the swollen membrane being at the glottis. The vocal cords which should have appeared white and smooth, appeared red, swollen and infiltrated.

It was decided that scarification would be ineffectual, tracheotomy unnecessary, and that intubation would be the most rational procedure. Dr. Waxham, in the presence of Dr. Billings, Dr. E. T. Edgerly, who also had been called to the case, and myself, inserted a tube. The dyspnoea was immediately relieved, the patient lying down

and breathing easily. For a time, however, the pulse was exceedingly rapid

Dr. E. T. Edgerly was now left in charge ad interim, and the following is taken principally from his report: The bicarbonate was repeated hourly, though the full amount could not be given owing to difficulty of swallowing. There was very little coughing after the first few minutes, except occasionally during feeding.

1-1:30 P. M. One-half glass milk with 3ij whisky; one-half teaspoonful potass-bicarbonate.

1:45 P. M. Perspiring—particularly about the face; this continued for some hours.

2:15 P. M. Dozes. Talks wanderingly. Respiration 28.

2:40-3 P. M. Milk and lime-water with whisky.

5:45 P. M. Urinated. Sleeps at short intervals.

7:30 P. M. Nourishment, whisky and the bicarbonate. When dozing he talks at random, but when fully aroused answers rationally in a whisper; says the tube causes him no discomfort. Would not know it was in. Has better control of right hand—arm less painful and swollen. But his pulse and respiration increased in frequency and diminished in force.

December 29th, 10 A. M. Examination by Drs. Tucker and Waxham showed cedema of apices of lungs, especially at the apex of the left. Pulse then 148 going up suddenly. Carbonate of ammonia and digitalis were then ordered and a grave prognosis made.

Returning to the house, says Dr. Edgerly, about noon, after two hours' absence, I found pulse gaining; increased stimulation, and advised calling the other physicians. Drs. Tucker and Billings came promptly and stimulation was still further increased.

9 P. M. Consultation by Drs. Tucker, Billings and Waxham. The temperature up to this time had been taken in the axilla; the skin had felt cool though patient had several times expressed a desire for a big drink of water. Dr. Billings found the rectal temperature to be 105.2° and bisulphate of quinine was given per rectum for antipyretic effect, but 104° was the lowest point reached.

The last few hours patient slept quite heavily, most of the time, arousing at intervals, and talking irrationally, though he recognized friends within an hour of death. There were no convulsions. He asked for a sponge wet with whisky with which he wiped his face vigorously.

Death came very slowly. December 30th, 5 A. M.

One half hour post-mortem. Temperature 108.9°. The size of neck just before death seemed to all present to be larger than during the previous day.

I have the detailed record of the nurse, which it is not necessary to read, as the object of this paper is principally to describe the unusual train of phenomena. Suffice it to say that it carried out generally in the presence of one or more of the attending physicians, the directions to support to the utmost with nourishment, stimulant and medicine, which were administered per oram, per rectum et per cutem.

This was a case of laryngeal œdema; it was also just as manifestly a toxæmia. Is it possible, in the light of our present knowledge of pathogenesis, to say what was the nature of the poison which could set up in so short a time such a destructive pathological process? The operation of this toxic element was exerted early upon the vital centres, notably the medulla and spinal cord—witness the character of the pulse, the symmetry of the lesions on the arms, and the œdema.

In many particulars the case is unique. An epidemic, almost a pandemic was and is at present prevailing, and at such a time we are justified in thinking that an unusual case of disease may be one of its protean forms.

52 THIRTY-FIFTH STREET.

